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COVER LETTER

TO:

TO: Registration So Division of Cor			
	& ERP. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marci Lowman, Esq.		
		Name of Person	
	Lowman Law, P.A.		
	<u> </u>	Firm/Company	
	8620 NE 2 Avenue		
		Address	
	Miami, Florida 33138		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ML@LowmanTitle.com		
	E-mail address: (to be used for future annual report no	otification)
For further information o	concerning this matter, please c	all:	
Marci Lowman		786 703-4162	
Name o	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERWITT & ERP, LLC		
(Name of the Limited I. (A.F.	liability Company as it now appears on our re- forida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 9/28/2016	and assigned
lorida document number L16000181004		60
This amendment is submitted to amend the following	ગુદુ:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	··	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		<u> </u>
<u>Mailing address MAY BE A POST OFFICE BO.</u>	<u> </u>	
3. If amending the registered agent and/or registered and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
_	Cin	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Taylor Midmark Trust	1805 Ponce de Leon Blvd, Suite 400	_ ≣Add
		Coral Gables, Florida 33134	_ □Remove
			_ □Change
AMBR	Syscorp Lexus LLC, a FL LLC	2600 EAST HALLANDALE BEACH BLVD, Suite	
		Hallandale Beach, Florida 33009	
			_ [] Change
<u></u>			_ 🗆 Add
			_ □Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
		,	_ □Change
			_ 🗆 Add
			_ Remove
			_ □Change

	a Florida limited liability company, holds a 1% interest in the Company.
	7/3/2020
Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	nent's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	07/03/20
Dated	
	C / MM/

Filing Fee: \$25.00

Typed or printed name of signee